COMMONWEALTH OF KENTUCKY CHILDHOOD IMMUNIZATION LAW CERTIFICATE OF RELIGIOUS EXEMPTION



Name of Child]	Birthdate		
(Last)	(First)		(Middle)				
Name of Parent or Guardian							
Address							
(Street)		(City)	(Sta	ite)			(Zip Code)
RELIGIOUS EXEMPTION - THE ABOVE	NAMED	CHILD	IS HEREBY	GRANTED	A RELI	IGIOUS	EXEMPTION
OBJECTING TO	_	IZATION(S) ON RELIG	IOUS GROU	JNDS. A	SWORN	STATEMENT
FROM THE PARENT OR GUARDIAN IS ATT	ACHED.						
(Signature of physician, health dept., or their designee)				(Date)			
	((Address)					

This Certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.

EPID-230C (Rev 09/2002)